

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

August 17, 2006

Steve Richardson, Administrator Cedar Grove Assisted Living, Inc 1014 Claybourne Drive Meridian, ID 83642

License #: RC-841

Dear Mr. Richardson:

On June 8, 2006, a Follow-Up/revisit, state Licensure survey was conducted at Cedar Grove Assisted Living, Inc.. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

FILE COPY

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW

Team Leader

Health Facility Surveyor

Residential Care/Assisted Living Program

PWG/slc

c:

Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program



JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

June 21, 2006

Steve Richardson, Administrator Cedar Grove Assisted Living, Inc. 1014 Claybourne Drive Meridian, ID 83642

Dear Mr. Richardson:

On June 8, 2006, a follow-up visit to the initial health care survey survey of April 3, 2006, was conducted at Cedar Grove Assisted Living, Inc.. The core issue deficiencies issued as a result of the April 3, 2006, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 8, 2006.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.

Supervisor

Residential Community Care Program

VL/slc

c: Judy Ripke, Program Manager, Regional Medicaid Services, Region IV – DHW Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards

07/08/2006

04:01

BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Cedar Grove Assisted Living, Inc	1014 Claybourne Dr.	855-0429
Administrator	City	ZIP Code
Steve Richardson	Mendian	83442
Sumor Team Leader	Survey Type	Survey Date
Polly Watt-Gerer, LSW	Follow-up Survey	417/06

NON-	CORE ISSUES		
MILL OF			
			6-30-06
<u> </u>	16.03.20.730.01 a	The administrator did not ensure background checks were conducted for lot 2 staff Repeat -	
		1 of 2 statt Repeat-	
***************************************			
2	16.05.22. 600.00. b	I of I stalk worked along in the facility without corrent CPR/First And training	1-5-06
3	V 42 00 C44 01	lof 2 personnel records did not contain delegation for assistance with medications by a livensed professional nurse - Repeat -	Delayer
<u> </u>	16.03.22.300.01	Total personner records an non rounder records	complete
-		Medicabins of a licensed processional naise regers	h-/
<b>_</b>			2-11-06
			1 100
			ļ
1			
**************************************			
	Deministration of Design	Signature of Eacility Representative	
Hespons	se Required Date 7/7/04	Supridual Programme Control of the C	
	11 1100	l eb	